



Keeping You Connected

DOCKET FILE COPY ORIGINAL

10/21/2013

Received & Inspected

OCT 29 2013

FCC Mail Room

To: Marlene H. Dortch, FCC Secretary

445 12th St. SW

Room TW-A325

Washington, DC 20554

Re: Docket No. 10-90

FCC Form 481 Filing for Wamego Telecommunications Co., Inc.

Please find the attached FCC Form 481, which contains certain information required pursuant to 47 CFR § 54.313, for Wamego Telecommunications Co., Inc. Certain information included in this filing is Redacted for Public Inspection. A version with confidential information is being filed at the same time under a separate cover letter.

Thank you,

A handwritten signature in black ink, appearing to read 'Jeff Wick', is written over a horizontal line.

Jeff Wick

General Manager

Wamego Telecommunications Co., Inc.

No. of Copies rec'd 0+1
List ABCDE

<010> Study Area Code 411845

<015> Study Area Name WAMEGO TEL CO INC

<020> Program Year 2014

<030> Contact Name: Person USAC should contact with questions about this data Jeffrey Wick

<035> Contact Telephone Number: (785) 456-1000
Number of the person identified in data line <030>

<039> Contact Email Address: jwick@wtcks.com
Email of the person identified in data line <030>

Received & Inspected

OCT 29 2013

FCC Mail Room

		(check box when complete)	
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>
<410>	Fixed	0.0	
<420>	Mobile	0.0	
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>
<440>	Fixed	0.0	
<450>	Mobile	0.0	
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>
<510>	411845ks510	(attached descriptive document)	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>
<610>	411845ks610	(attached descriptive document)	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>
<1010>		(attach descriptive document)	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>
<1110>		(complete attached worksheet)	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification)

<2005> (complete attached worksheet)

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> (check to indicate certification)

<3005> (complete attached worksheet)

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	411845
<015>	Study Area Name	WAMEGO TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Wick
<035>	Contact Telephone Number - Number of person identified in data line <030>	(785) 456-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	jwick@wtcks.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<010>	Study Area Code	411845
<015>	Study Area Name	WAMEGO TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Wick
<035>	Contact Telephone Number - Number of person identified in data line <030>	(785) 456-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	jwick@wtcks.com

[illegible]

Data Collection Form

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2013

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

<010>	Study Area Code	411845
<015>	Study Area Name	WAMEGO TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Wick
<035>	Contact Telephone Number - Number of person identified in data line <030>	(785) 456-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	jwick@wtcks.com

<711>

[illegible]

(800) Operating Companies
Data Collection Form

<010>	Study Area Code	411845
<015>	Study Area Name	WAMEGO TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Wick
<035>	Contact Telephone Number - Number of person identified in data line <030>	(785) 456-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	jwick@wtcks.com
<810>	Reporting Carrier	Wamego Telecommunications Co., Inc.
<811>	Holding Company	Wamego Telephone Company
<812>	Operating Company	Wamego Telecommunications Co., Inc.

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

<010>	Study Area Code	411845
<015>	Study Area Name	WAMEGO TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Wick
<035>	Contact Telephone Number - Number of person identified in data line <030>	(785) 456-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	jwick@wtcks.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

[illegible]

(1100) No Terrestrial Backhaul Recording
Data Collection Form

REC-448-23

Contract No. 2015-1086/135 Contract No. 206-10812

<010>	Study Area Code	411845
<015>	Study Area Name	WAMEGO TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Wick
<035>	Contact Telephone Number - Number of person identified in data line <030>	(785) 456-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	jwick@wtcks.com

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☒

1200 Terms and Condition for Lifeline Customers
 Lifeline
 Data Collection Form

Form 4-01
 01/15/2013 to 03/30/2014
 01/15/2013

<010>	Study Area Code	411845
<015>	Study Area Name	WAMEGO TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Wick
<035>	Contact Telephone Number - Number of person identified in data line <030>	(785) 456-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	jwick@wtcks.com

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	411845ks1210
		Name of attached document (.pdf)
<1220>	Link to Public Website	HTTP www.wtcks.com/about/termsofservice

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation
 Data Collection Form
 Including Rate of Return carriers affiliated with Price Cap Local Exchange Carriers

<010>	Study Area Code	411845
<015>	Study Area Name	WAMEGO TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Wick
<035>	Contact Telephone Number - Number of person identified in data line <030>	(785) 456-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	jwick@wtcks.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
 <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached PDF , on line 2021,
 contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient
 of CAF Phase II support shall provide the number, names, and addresses of
 community anchor institutions to which began providing access to broadband
 service in the preceding calendar year.
 <2021> Interim Progress Community Anchor Institutions

☐
☐
☐
☐

Name of Attached Document Listing Required Information



<010>	Study Area Code	411845
<015>	Study Area Name	WAMEGO TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Wick
<035>	Contact Telephone Number - Number of person identified in data line <030>	(785) 456-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	jwick@wtcks.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)}	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		<input checked="" type="checkbox"/>
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	411845ks3005



<010>	Study Area Code	411845
<015>	Study Area Name	WAMEGO TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Wick
<035>	Contact Telephone Number - Number of person identified in data line <030>	(785) 456-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	jwick@wtcks.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	WAMEGO TEL CO INC
Signature of Authorized Officer:	CERTIFIED ONLINE
Date	10/11/2013
Printed name of Authorized Officer:	Steven Sackrider
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	(785) 456-1000
Study Area Code of Reporting Carrier:	411845
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



<010>	Study Area Code	411845
<015>	Study Area Name	WAMEGO TEL CO INC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Jeffrey Wick
<035>	Contact Telephone Number - Number of person identified in data line <030>	(785) 456-1000
<039>	Contact Email Address - Email Address of person identified in data line <030>	jwick@wtcks.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

Wamego Telecommunications Company (SAC 411845)

Statement Regarding Compliance with Service Quality Standards and Consumer Protection Rules

47 CFR § 54.313(a)(5)

Form 481, Line 510

Wamego Telecommunications Company (WTC) is an incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, WTC is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

WTC is subject to the service quality standards and consumer protection standards adopted by the KCC and that are applicable to ILECs in the state of Kansas. These standards are contained in Orders adopted by the KCC in Docket No. 95-GIMT-047-GIT (specifically the KCC Order dated May 23, 2008) and Docket No. 06-GIMT-187-GIT. The consumer protection standards are also contained in WTC's local tariff that is on file with the KCC.

Apart from effective internal procedures and operations, WTC ensures compliance with all applicable service quality and consumer protection rules through KCC enforcement, which entails the operation of an effective customer complaint process. KCC is required to respond to customer complaints and other service quality-related inquiries from the KCC in a reasonable time frame. WTC consistently meets or exceeds all KCC-adopted standards, and reports to this effect via all required KCC processes.

Finally, WTC has established internal procedures to ensure compliance with the Federal Communications Commission's Customer Proprietary Network Information (CPNI) rules that include, but are not limited to, periodic employee training and maintenance of written company CPNI procedures. WTC certifies its compliance with the Commission's CPNI rules by making annual filings as required in 47 CFR § 64.2009(e).

Wamego Telecommunications Company (SAC 411845)

Statement Regarding the Ability to Function in Emergency Situations

47 CFR § 54.313(a)(6)

Form 481, Line 610

Wamego Telecommunications Company (WTC) is an incumbent local exchange carrier operating in the state of Kansas, and is an eligible telecommunications carrier (ETC) designated by the Kansas Corporation Commission (KCC). As such, WTC is subject to the regulatory authority of the KCC and operates under the relevant rules and laws of the state of Kansas.

WTC is subject to KCC rules regarding the ability to remain functional in emergency situations by (1) maintaining at least eight hours of backup power to ensure functionality without local alternating current (AC) commercial power, (2) establishing the ability to reroute traffic around damaged facilities and to manage traffic spikes resulting from emergency situations, and (3) establishing procedures for employees to follow in an emergency to prevent or minimize interruption or impairment of telecommunications services.

WTC has four fixed generators, one at each Central Office. WTC also has ten portable generators capable of providing the required level of backup power, and that can be deployed as necessary to WTC's switching and remote sites. WTC's network is capable of rerouting traffic around damaged facilities, although this ability is not absolute and may be limited in certain circumstances. However, WTC follows all industry standard practices in ensuring its network remains functional during different types of emergency situations.

MPB 100-1000-0056-0285 (MPB 100-1000-0056-0285)
MPB 100-1000-0056-0285 (MPB 100-1000-0056-0285)

[illegible]

KANSAS LIFELINE CERTIFICATION FORM

COMPANY INFORMATION



1009 Lincoln St
PO Box 25
Wamego, KS 66547
785-456-1000

Representative: _____

Account Number: _____

SUBSCRIBER INFORMATION

Subscriber's Full Name: _____

Subscriber's Full Residential Address: _____

City: _____ State: _____ Zip: _____

Landline Telephone Number: _____

Other Contact Number: _____

Subscriber's Lifeline Billing Address: _____

☐ Check if Same as Residential Address

Subscriber's Date of Birth: _____ Subscriber's last 4 Digits of SSN: _____
MM / DD / YYYY XXXX

1. Subscriber seeking to qualify for Lifeline under program-based criteria check all applicable boxes below:

☐ Medicaid ☐ SNAP ☐ SSI ☐ FPHA (Section 8) ☐ LIHEAP ☐ TANF ☐ General Assistance (GA)

☐ National School Lunch Program (Free Lunch Program) ☐ Food Distribution Program

2. Subscriber seeking to qualify for Lifeline under the income-based criteria (150% of federal poverty level), provide the number of individuals in residential household: _____ (number in household)

Number in Household	Maximum Annual Income
1	\$17,235
2	\$23,265
3	\$29,295
4	\$35,325
5	\$41,355
6	\$47,385
7	\$53,415
8	\$59,445
For each additional person, add	\$6,030

Note: If a prospective subscriber presents documentation of income that does not cover a full year, such as paystubs, the prospective subscriber must present the same type of documentation covering **Three Consecutive Months** within the previous twelve months.

SEE BACK OF FORM

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, disenrollment or being barred from the program.

KANSAS LIFELINE CERTIFICATION FORM

CERTIFY PROSPECTIVE SUBSCRIBER'S ELIGIBILITY

Each prospective subscriber must certify, under penalty of perjury for receiving Lifeline support, by initialing each applicable area:

- ☐ The subscriber meets the income-based or program-based eligibility criteria.
- ☐ The subscriber must notify the carrier within 30 days if for any reason the subscriber no longer satisfies the criteria for receiving Lifeline support.
- ☐ When the subscriber moves to a new address the subscriber must provide that new address to WTC within 30 days.
- ☐ When subscriber provides a temporary residential address to WTC, subscriber is required to verify their temporary residential address every 90 days.
- ☐ Subscriber acknowledges that a household is eligible to receive only one Lifeline service and, to the best of his/her knowledge, the subscriber's household is not already receiving a Lifeline service. A household defined for purposes of the Lifeline program; as any individual or group of individuals who live together at the same address and share income and expenses.
- ☐ The information contained in this subscriber's certification form is true and correct to the best of the subscriber's knowledge.
- ☐ Subscriber acknowledges that providing false or fraudulent information on this certification form to receive Lifeline benefits is punishable by law.
- ☐ Subscriber acknowledges that he/she may be required to re-certify their eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to their continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to Section 54.405(e)(4).
- ☐ Lifeline is a **non-transferable benefit** and the subscriber may **not** transfer his or her benefit to any other person.
- ☐ A household is not permitted to receive Lifeline benefits from multiple providers.
- ☐ Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program.

SIGNATURES

Subscriber's Signature: _____ Date: _____

Company Rep's Signature: _____ Date: _____

Documentation provided to support eligibility: _____

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, deenrollment or being barred from the program.

REDACTED – FOR PUBLIC INSPECTION

Attachment: Line 3005; Redacted in its Entirety